07255

CERTIFICA	TE OF DEATH Reg. Dist. No. 261
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State
How long In hospital or institution?	2.(a) It veleran, name war
3. (a) FULL NAME Vernon Boyman	3. (b) Social Security Number
4. Sex 5. Color or race b.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION  20. DATE OF DEATH. July 2 19.45 at 6.2
8. AGE: Years Months Days If less than one day  9. Birthplace	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  19.43 to 19.45  and that I tast saw have allive on 19.45  Immediate cause of death  DURATION  Due 10. Has december 19.45  Grand 19.45  Due 10. Has december 19.45  Grand 19.45
11. Industry or business  12. Name Analytical Bayman  13. Birthplace Crusheld and .	Dither conditions  (Include pregnancy within 3 months of death)
14. Maiden name. Helen Vinguia Miller  15. Birthplace Marcus Hopk Vessia  16. Informant Carrell Baryman	Major findings of operations
Address  17. Date thereof (month) (day) (year)  Cemetery or crematory (Manual Manual M	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide
18. Funeral director Navy Miles Address Apper Farmont, Mr.	Means of Injury Injured at work?
19. 7/3 (Date red by registrar) 1945 Jurelea 10, toward	Address Marry Do Date signed Aug 3 CM

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. VS A15

MARGIN RESERVED FOR BINDING



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 3847

### CERTIFICATE OF DEATH

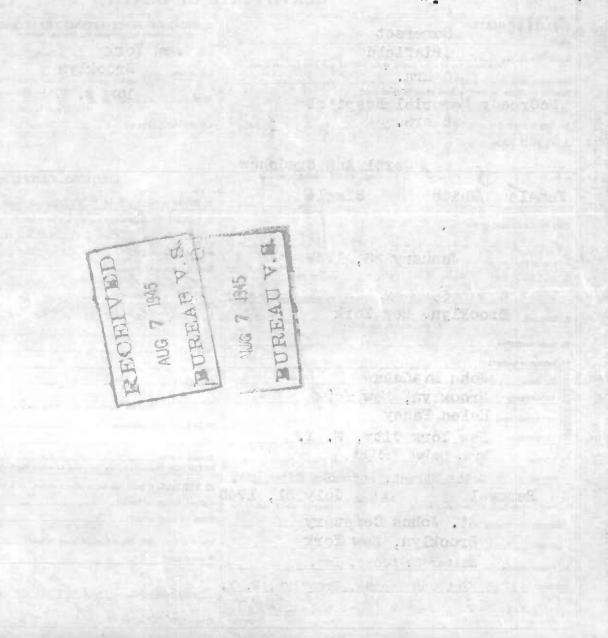
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Reg.	Dist.	No.		50	

1. PLACE OF DI	EATH: Some	rset		2. USUAL RESIDENCE (HOME) (For newborn infants give residence of	OF DECEASED:		
County	And a	21012		State New York County			
City or town(If	outside city or town	limits, write R	URAL and give nearest town)	P C C C C C C C C C C C C C C C C C C C			
Now long in above place	e of death? 6 hi	·S.		City or town. Brooklyn (If outside city or town lim	its, write RURAL and give near	rest town)	
Mospital, Institution, of	or street address where ly Memori	death occurred	: enitol	Street No. 1071 E. 37	th Street		
				(If rural, gi	ve LOCATION)	1/	
		3.		2.(a) If veteran, name war		V	
3. (a) FULL NAM	1E				3. (b) Social Security 1	Number	
			Ann Bradshaw				
4. Sex	5. Color or race		e, married, widowed, or divorced	MEDICAL O	CERTIFICATION	6	
Female	White		Single	20. DATE OF DEATH July	28 1945	111:15 W	
				21. I CERTIFY that death occurred on the date a			
40(-)					A		
7. Birth date of		6.(	e) It alive, give ageyears	and that I last saw here on			
deceased (mo., day,	yr.) oanus	ity 20	, Taga	Immediate cause of death		DURATION	
8. AGE: Year		Days	It less than one day	asul De 7	Hene	0+000*0*0000000000000000000000000000000	
6	6	23	hrsmln.	ο		***************************************	
9. Birthplace B:	rooklyn,	New Y	ork	Bue to Suffer 2. 72	acception?	***************************************	
40 111						***************************************	
		************************	•••••••••••••••••••••••••••••••••••••••	Due to		***************************************	
11. Industry or busine		Jahau				***************************************	
12. Name				Other conditions		***************************************	
	Brookly			(Include pregnancy within	3 months of death)		
14. Maiden name	Helen Fa	hey	***************************************	Major findings of operations			
E 15. Birthplace	New York	c City	N. Y.	majur nuquigs of operations			
16. Informant	Mrs. Hele	n Wrigh	it,	Antupsy results.			
Address			comoke City. Md.	PHYSICIAN: Please underline the cause to	which death should be charged :	statistically.	
	_			22. VIOLENCE: If death was due to external c	auses, fill in the tollowing;		
(Burial, cremation	Val n, or removal, Which	Date them	ot July 31, 194 (month) (day) (year)	Accident, suicide, or homicide	Date of	***************************************	
Cemetery or cremat	ory St. Jol		metery	Where did injury occur?(City or town	) (County)	(State)	
· ·	Brookl			Injured at home, farm, Industry, public place (			
18. Funeral director	717- 7 da Y		e, Inc.,	Means of Injury	Injured et work?		
				0. 0	2 1	1	
Address 121	8 Flatbush	Avenu	e, Brooklyn, M. Y	23. SIGNATURE Surge 6	Carelines	200 0	
19 July	29 19 45	u	nne Co. Whete	- X	М. D.	r other	
Mate rec'd by re	egistrár)		Registrar	Address Marion (19)	Date signed	nly 29, 4;	

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The corr is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

age,

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PLEASE V



How long in above place of death?.....

How long in hospital or institution?....

6.(b) Name of husband or wife ...

deceased (mo., day, yr.)

10. Usual occupation.... 11. Industry or business 

(Burial, cremation, or removal. Which?)

14. Malden na 15. Birthplace 14. Malden name.

18. Funeral director

(Date rec'd by registrar)

3.(a) FULL NAME

4. Sex

7. Birth date of

8. AGE:

Hospital, Institution, or street address where death occurred:

(If outside city of town limits, write RURAL and give nearest town)

6.(a) Single, married, widowed, or divorced

If less than one day

	Reg. Dist. No. 565
	E) OF DECEASED: nce of mother) County Amazasa t
	n limits, write RURAL and give nearest town)
	I, give LOCATION)
	3. (b) Social Security Number
	216-07-7002
EDICA	L CERTIFICATION
2	15 1945 at 6:201

OURATION

20. DATE OF DEATH ..... 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Immediate cause of death .... (Include pregnancy within 3 months of death) Major findings of operations..... PHYSICIAN: Please underline the cause to which death should be charged statistically.

(For newborn infants

2.(a) It veteran, name war...

(If outside

22. VIOLENCE: If death was due to external causes, till in the tollowing; Accident, suicide, or homicide.....

Date thereof, selly (month) (day) (year)

Registraf

Where did injury occur? .....(City or town)

injured at home, farm, industry, public place (where?) .....

M. D. or other

Date signed .....

Msons of injury

23. SIGNATURE.

(County)

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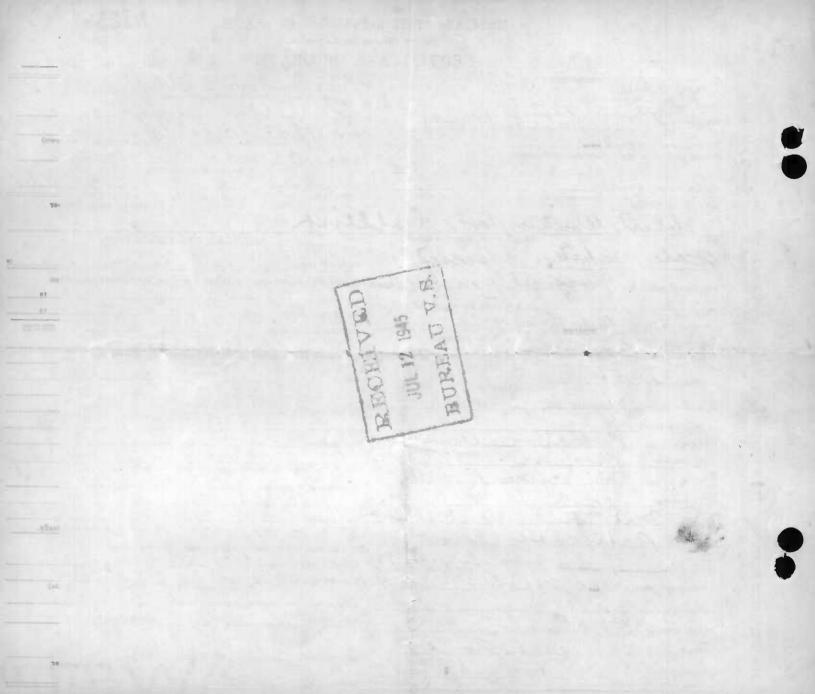
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	3. (b) Social Security Number
lich	o. (o) bottas becasity stamou
and .	OFFICE A PROPERTY OF THE PROPE
MEDIC	CAL CERTIFICATION
20. DATE OF DEATH.	10 1945 21 11.45
21. I CERTIFY that weath occurred on	he date above stated; that I attended deceased from
and that Flast saw hallve on	19
Immediate cause of death	DURATION
Groben hee	b + other
Myurus	
Due to	
Due to	
Other conditions	
(Include preconspec	within 3 months of death)
Major findings of operations	
Autopay results	ause to which death should be charged statistically.
22. VIOLENCE: If death was due to a	external sauses, fill in the following;
Accident, suicide, or hartiside	cident pate of 7/10/45
Where did Inhury occurs ruce	is aling somusit! Me
(City	or town) (County), (State)
halared at home, farm, industry, public	
Means of Injury	relactice trajured at work? " Il
St.	(1) Doulet IVI h

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18. Funeral director

(Day rec'd by registrar)



2411	14.	Charles	St.,	Dait	imore	(31-6)
CERTII	FI	CATI	E (	OF	DE	ATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	(For pewborn infants give residence of mother)
City or town	State County County
City or fown(If outside city or town/limits, write RUPAL and give nearest town)	City or town. Monce Mes
How long in above place of death?	City or town
	Street No
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Katie Washing	2 Low Dovin 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
temole white married	20. DATE DF DEATH July 7 h 19 45 at M
Kisty Davis	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
6.(6) Name of husband or wife	
7. Birth date of	and thet I last saw h
deceased (mo., day, yr.) Teb. 17. 1871	
8. AGE: Years   Months   Days   It less than one day	Immediate cause of death
14 4 20hrsmin.	
Marie	
9. Birthplace	Due to
10. Usual occupation of transadules	
	Due to
11. Industry or business	
12. Name Tovert Toss 13. Birthplace Virgues	Other conditions. Character Management of the Conditions of the Co
13. Birthplace Jergues (	(Include pregnancy within 3 months of death)
14. Maiden name Kittle Onot Known Por	
15. Birthplace Monie nd	Major findings of operations
13. Sirinpiace	Date of op.
16, informant 1 1100	Autopsy results
Address Morine grit	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Burial July 10-	22. VIOLENCE: If death was due to external causes, fill in the tollowing;
(Burini, cremation, extermoval, Which?)  Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory La. O. U. C. M.	Where did injury occur?
Mariale ned	
Location	Injured at home, farm, industry, public place (where?)
18. Funeral director	Mssns of injury Injured at work?
Address Deals Island Hed	a Maried
Aula is we broke to	23. SIGNATURE M. D. or other
19 (Coate recoil by registrar) Registrar	Addre Bullines Them man Bate signed 7/10-451

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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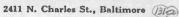


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#### MARYLAND STATE DEPARTMENT OF HEALTH



07262

Reg. Dist. No. 261

# CERTIFICATE OF DEATH

1. PLACE OF DI	S	omerset	2. USUAL RESIDENCE (HOME) OF DI (For newborn infents give residence of moth	ICEASED:
City or Journ	R	URAL, Marion imits, write RURAL and give nearest town)	State Maryland County	Somerset
How long in above place Hospital, Institution, e	outside city or town I ce of death?	O Years death occurred:	City or town RURAL Marion (If outside city or town limits, wri  Street No. Rt 4 1  (If rural, give LOC 2.(a) If veteran, name war.	ite RURAL and give nearest town)
3. (a) FULL NAN	ME.			3. (b) Social Security Number
	R	obert Joseph Maddox		. (b) Social Security Number
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CERT	CIFICATION
Male	White	Widowed		25 19.45 at 10:30PN
	More	a Tenah Maddox  6.(c) If alive, give ageyea	21. CERTIFY that death occurred on the dale above sta	aled; that   attended deceased from
8. AGE: Year		Days   It less than one day	Immediate cause of death	
88	) 1	27hrsmin		
	(Town,	Somerset-Maryland county, and state) er	Due to Character Dut Shape Due to Personal lesteded	
11. Industry or busine	s Truc	k farms	Due to	Selection of the select
留 12. Name	Benjamin	Simpson Maddox	Dther conditions	
13. Birthplace	Quindocq	ua, Maryland		
H 14. Malden name	Elizabet	h Holland	(Include pregnancy within 8 month	
14. Malden name	Fairmoun	t, Maryland	Major findings of operations	
16. Informani	Vernon M	addox	Autopsy results	***************************************
Address	Marion.	Maryland Rt # 1	PHYSICIAN: Please anderline the cause to which d	cath should be charged statistically.
		Date thereof. July 27, 198 (month) (day) (year)	22. VIOLENCE: If doa'th was due to external causes, if Accident, suicide, or homicide	
		s Cemetery		(County) (State)
Location	RURAL,	Marion, Maryland	fnjured at home, farm, lodustry, public place (where?)	
		ey Bradshaw	Means of Injury	Injured at work?
Address	Crisfie	ld, Maryland	23. SIGNATURE Segres CSC	Eullium In
19. — 7/2 (Date reo'd by re	7 egistrar) 1944	- Genelia 19 taivs	7-1	M, D, or other  Date signed Sulv. 26

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2411 N. Charles St., Baltimore (450)

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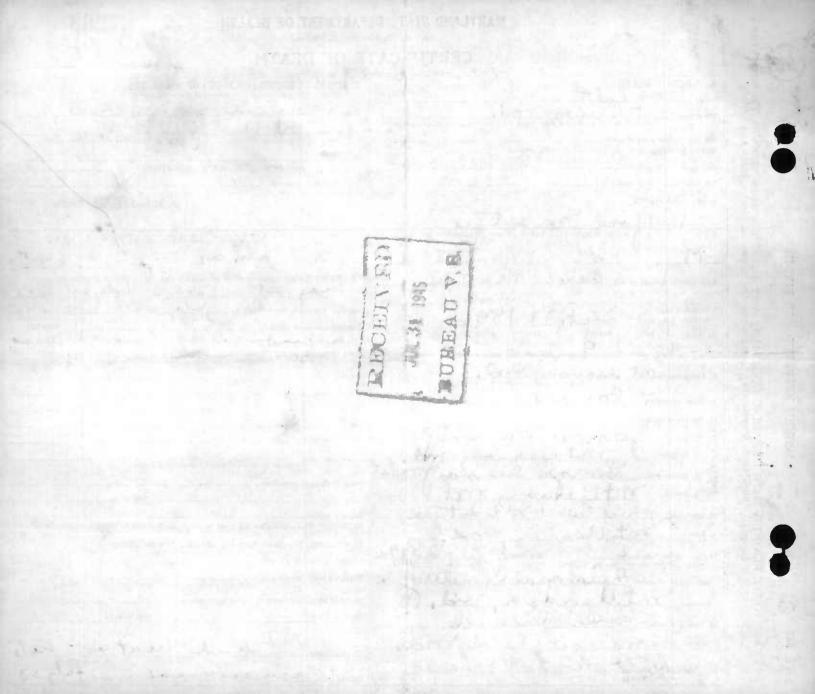
CERTIFICATE OF DEATH

			11.	
*	Reg. I	Diat.	No. 260	

	Reg. Dist. No. Mg. W. Manne
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town (If outside city or town limits, write RURAL and give nearest town)	State manyland county Domerset
How long in above piace ot death?	(If outside city or town limits, write RURAL and give nearest town)
nospital, institution, of street audiess where uestin occurred.	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married widowed, or divorced	MEDICAL CERTIFICATION
M W married	20. DATE OF DEATH SLEE 21 18 45 at 6:30 %
8.(6) Name of husband or wife & the Mc Intyre	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of	and that I last saw halive on
deceased (mo., day, yr.) Sept. 29 1896  8. AGE: Years   Months   Bays   If less than one day	Immediate cause of death
AGE: Tests months are the day min.	Carenous of Jaw 1400
9. Birthplace (Town, county, and state)	Due to
10. Usual occupation. January	Due to
11. Industry or business	
12. Name Daniere Int 1   2 mars mc	Other conditions
E 14. Maiden name Serrade Cones	(Include pregnancy within 8 months of death)
\$ 15. Birthplace mt Velnen, and	Major fludings of operations.
16. Informant mrs Eahel roc Intere	Autopsy results
Address mt Version md.	PHYSICIAN: Please underline the cause to which death should he charged statistically.
17. (Burial, cremation, or removal, Which?)  Date thereof (month) (day) (year)	22. VIOLENCE: It death was due to external causes, fill in the tollowing:  Accident, suicide, or homicide
Cemetery or crematory & pascipal Computery.	Where did injury occur?
Location mt Uerston and	Injured at home, farm, industry, public place (where?)
16. Funeral director Wale Washell	Means of Injury Injured at work?
Address June Dupp md	DISIGNATURE trank unat un hut
19. July 23 1945 A A Johnson The Chegistrar	Address Previous Curie Date signed July 23

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 131-21

#### CERTIFICATE OF DEATH

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4	Dan	Dist	No	2	6	5
and .	reeg.	Print.	140.		********	ngst

DURATION

1. PLACE OF DEAT	20.	merse t	© ] d		somerset			
City or town(If outs	ide city or town	limits, write F	RURAL and give uearest town)	Crisfield  Crisfield  City or town (If outside city or town limits, write RURAL and give nearest to				
Hospital, Institution, or str	reet address when	e death occurred	d:	Street No. Maryl	and Ave.			
			***************************************	(If rural, giv	(If rural, give LOCATION)			
	stitution?	***************************************	***************************************	2.(a) It veteran, name war	TOHO			
3. (a) FULL NAME			Mitchell		3.(b) Social Security Number			
female 5	white		e, married, widowed, or divorced dow	MEDICAL C 20. DATE OF DEATH July 1	ERTIFICATION  /45			
6.(b) Name of husband or	udda.	Orland	L. Mitchell	21. I CERTIFY that death occurred on the date ab				
			c) It alivo, give ageye		44,10 July 1			
deceased (mo., day, yr.)	11100 1	0,1000		Immediate cause of death				
8. AGE: Years	Months	Days	tf less than one day					
80	1	13	hrsm	in.				
9. Birthplace		field,		" / //				
		n, county, and		4/1				
10. Usual occupation		ome			evelar-			
11. Industry or business				- reval de	along.			
12. Nama. An	nais C	rocket	70	Other conditions	***************************************			
To 1 10' Buttehing	ccomac	00.,	Va.	(Include pregnancy within 8				
# 14. Malden name	Sall	y Rige	sin					
14. Maiden name	Md.			Major findings of operations				
	And ond	T 155	tchell	4				
18. tntormant	DeBois	Pa.		PHYSICIAN: Please underline the cause to w				
Addition			7.7 8/45	22. VIOLENCE: It death was due to external ca				
17 Burial, cremation, or	removal Whiteh	Dale there	July 3/45 (month) (day) (year)	Accident, suicide, or homicide				
(Suran, cremation, or	Fami	ly Bur	rial Grds.					
				Where did injury occur?(City or town)				
Location	OLISI	TeTg'	Tuella la Caro I	Injured at home, tarm, industry, public place (w				
18. Funeral director	Howar	d H. E	lubbard	Means of Injury	Injured at work?			
			Crisfield. M	d Wence	) Kalagarathir			
7/. 1.	_	10	P 000 1 0	23. SIGNATURE	M. D. on other			
19. (Date rec'd by regist	519	6.6,	Callus, M. W.	Consoderin	el ma			
(Date rec o by regist	LUL J		registr	ar   Address / Comment	Date signed			

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE

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1. PLACE OF DEATH:

#### MARYLAND STATE DEPARTMENT OF HEALTH

## 2411 N. Charles St., Baltimore 460

# CERTIFICATE OF DEATH

1. PLACE OF DE	Somerse	-		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infents give residence of mother)			
County		sfield	}	State Maryland County Somerset			
City or town	outside eity or town if	mits write R	URAL and give nesrest town)	State County Crisfield			
How long in above plac	e of death?	ife	***************************************	City or towe			
How long in hospital of	or Institution?		•••••••••••••••••••••••••••••••••••••••	(If rural, give LOCATION)  2.(a) If veteran, name war NO NO			
3. (a) FULL NAM		27	4	3. (b) Social Security Number			
	Norman :	N. NOC	3 K				
male	5. Color or race white	6.(a)Single	e, married, widowed, or divorced cied	MEDICAL CERTIFICATION			
d (h) Nama at husband	or wife. Ruth	Nock		20. DATE OF DEATH 19 4 1 19 4 1 19 4 1 21. I CERTIFY that/Seath operated on the date above stated; that I altered deceased from			
			N 41 11	184 4 10 All 28 19 4 U			
7. Birth date of deceased (mo., day,	yr.) Sept.	23,1	) It alive, give ageyears 889	Immediate cause all death. Officers DURATION			
8. AGE: Year 55	8 Months	Days	It less than one day	Immediate cause el death DURATION			
	risfield	111	······································				
9. Birthplace	(Town.	eonnty, end s	tate)_	Due to Surgering The Surgering			
10. Usual occupation.	automob	ile m	echanic	file the state of			
nie a se constant	Chand	ine T	awes Motor Co.	Due to			
11. Industry or busines	ohn W. No		0.17000 240002 - 00				
E .	lid.	VA	***************************************	Other conditions			
		1 0	t are on t	(Include pregnancy within 3 months of deetin)			
14. Maideo name. 15. Birthplace		Md.	tewart	Major fiedings of operations.			
2 15. Sirthplace	ymond ./o	odlan	d	Date of op			
16. Informant	Crisfield	*******************		Antopsy results			
huria.	1	Date there	7/26/45	22. VIOLENCE: It death was due to external causes, fill in the following:			
(Burial, cremation	n, or removal. Which?)		(month) (day) (year)	Accident, suicide, or homicide			
Cemetery or cremat	Family	DULTA	T GIUS.	Where did injury occur?			
Crisfield, Md.  Howard H. Hubbard				Injured at home, tarm, industry, public place (where?)			
16. Funeral director				Means of lojury Injured at work?			
16. Funeral director				Charl Salmatka			
10 7/25/45 6. E. Collins on B				23. SIGNATURE M. D. prother M. D. prother M. D. prother			
(Date rec'd by re	egistrar)		Registrar	Address Date signed A 40			

AUG II 1945
BUREAU V.8

#### MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore CERTIFICATE OF DEATH . The correct legibly. 2. USUAL RESIDENCE (HOME) OF DECEASED: 1. PLACE OF DEATH. (For newborn infants give residence of mother If outside city or town limits, write RURAL and give nearest town) efully. How long in above place of death?..... Nospital, Institution, or street address where death occurred: (If rural, give LOCATION) 2.(a) If veteran, name war..... Now long in hospital or institution?. 3. (b) Social Security Number information of death 3. (a) FULL NAME MEDICAL CERTIFICATION 6.(a) Single, married, widowed, or divorced item of i 21. LCENUFY that death occurred on the date bove stated; that attended deceased from 7. Birth date of deceased (mo., da), 8. AGE: ADING INK Physicians: 11. Industry or business (Pyclude pregnancy within 8 months of death) import 15. Sirthplace PLAINLY, vis especially PHYSICIAN: Please underline the cause to which death should be charged statistically. 18. Informant 22. VIOLENCE: If death was due to external causes, till to the following; Address Accident, suicide, or homicide,.... (Burial, cremation, or removal, Which? Where did injury occur? .....(City or town) (County) WRITE injured et home, farm, industry, public place (where?) Injured at work? Means of injury

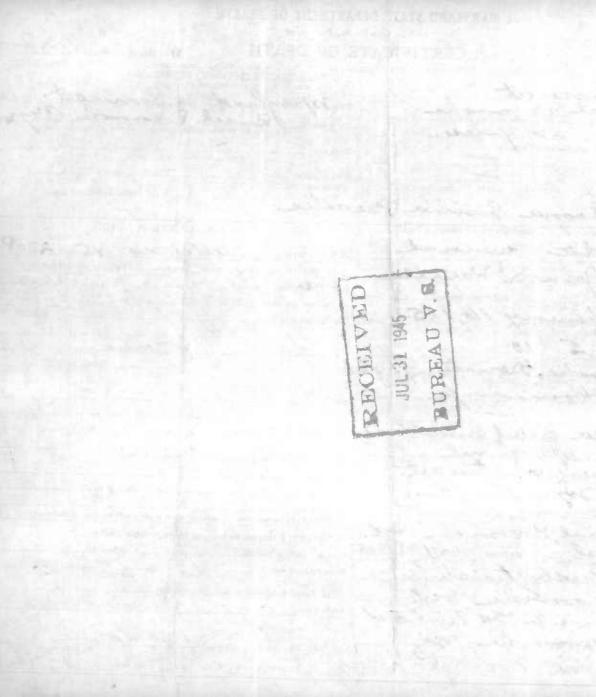
23. SIGNATURE.

DURATION

PLEASE

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MARGIN RESERVED FOR



	CERTIFIC	CATE OF DEATH	Reg. Dist. No.	26
1. PLACE OF DEATH:  County Somers  City or town. (If outside city or town limits, write 1 77 y  How long in above place of death? 77 y  Hospital, institution, or street address where death occurre  How long in hospital or institution?	RURAL and give nearest town) TS rd:	State Ma City or town (1f outside city Street No.	HOME) OF DECEASED: ive residence of mother) County Somerse	t e nearest tov
	Joseph Price			
	le, married, widewed, or divorced	20. DATE OF DEATH.	EDICAL CERTIFICATION	5 at
6.(6) Name of husband or wife	(c) If alive, give age64	years and that I last saw hal	ed on the date above stated; that I attended	
8. AGE: Years   Months   Days   77   20	It less than one day	ic enl	Die 7 Heef	
9. Birthplace Marion, (RUAL) S (Town, county, and Farmer	omerset, Md.	Due to Claude n		.3
ff. Industry or business    12.	e lounty Md		massa J. Pula	HA.
f4. Malden name Annie Stev 15. Birthplace Somerset		Major findings of operations	rnancy within 3 months of death)  Date of op.	
18. Informant Mrs Annie Address Marion M		Autopsy results PHYSICIAN: Please underline	the cause to which death should be char	************
Burial (Burial, cremation, or removal, Which?)  Cemetery or crematory  Rehoboth  Rehoboth	July 19 1 (month) (day) (year Baptist Cemet	Accident, suicide, or homicide  Where did injury occur?	due to external causes, fill in the following:  Date of  (City or town) (County)	(Stat
Location Remodern  18. Funeral director H Harveyb			, public place (where?)	

Registrar Address Management 10 mo

DURATION

HTARGED ATMOUNTED



RECEIVED JUL 25 1945 BUREAU V. B.

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#### MARYLAND STATE DEPARTMENT OF HEALTH

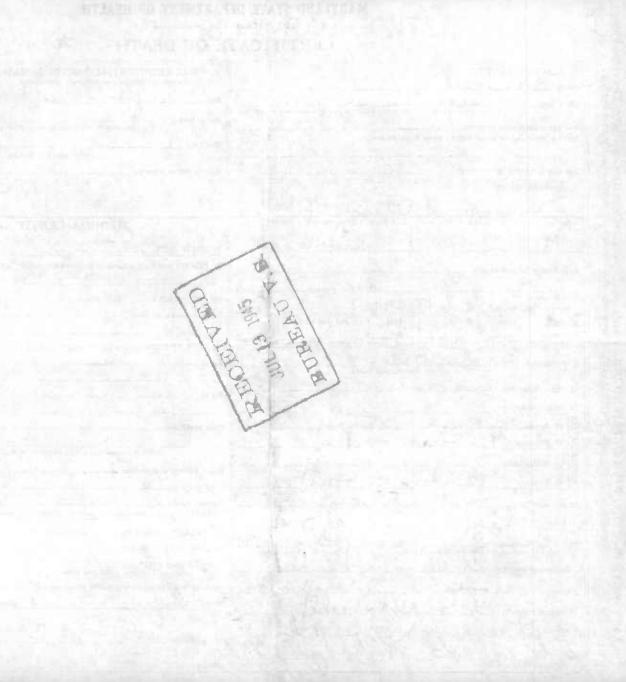
2411 N. Charles St., Baltimore 7000

# CERTIFICATE OF DEATH



(17271) Reg. Diat. No. 940

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Department	(For newborn infants give residence of mother)
(If outside city or town limits, write RURA) and give nearest town)	Stafe Wary County County
How long In above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or streef address where death occurred:	
	Street No
How long in hospital or institution?	2.(a) If veferan, name war.
3. (a) FULL NAME	3. (b) Social Security Number
marion & Stacy	0.00,000,000,000
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
M W Workers	hely 10 ut 11410
The state of the s	20. DATE OF DEATH 19.7.5 at 1.7.7.4 M
8.(b) Name of husband or wife	21. I CERTIFY that deals occurred on the date above stafed; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) Feb. 13, 1907	and that Llast saw h allve se
8. AGE:   Nears   Months   Days   If less than one day	Immediate source of death DURATION
38 4 28nin.	Broke he I tother
a O o bo l	Planet To The
9. Birthplace (Zown, connty, and state)	Due to Cupilla
1D. Usuat occupation. Seamann	
11, Industry or business	Due fo
	But
12. Name Poland Stary 13. Birthplace Buralet, md	Dther conditions
	(Include pregnancy within 3 months of death)
14. Malden name Magger Cruo	Major findings of operations.
\$ 15. Birthplace Burdleve med.	
18. Informant Smeat Dacy	Autopsy results
Address Process Comments	PHYSICIAN: Plesse underline the cause to which death should be charged statistically.
D 0 0 12 10 1	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?)  [Burial, cremation, or removal, Which?)	Accident suicides of honolide Cesculent Date of 10 Es
Cemetery or crematory St Saul Contitors	Where did injury occur? rucerdley struct ll
	(City or town) (State)
Location	Injured at home, farm, Industry, public place (where?)
18. Funeral directors Male Washell	Means of injury auto accident Injured at work?
Address Transacra Cura Tord	The suntally Whi
11 15 11 99111 00	29, SIGNATURE
(Date for d by redistrar)	Paces and Boto signed 1/2/ Xx



PLEASE

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore CERTIFICATE OF DEATH

	1	7	2	7	1	•	~	0
Re	g.	Dia	t. I	io.		2	/	0

1. PLACE OF D	EATH:	Somerset	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State Maryland County Somerset		
		Crisfield			
(If	outside city or town I	orisiteto mits, write RURAL and give nearest town) 86 years ·	Crisfield	D08444444	
How long in above place	ce of death?or street address where	death occurred:	City or town		
		ial Hospital	Street No. Lawsonia (If rural, give LOCATION)		
How long in hospital	7	week	2.(a) if veteran, name war		
3. (a) FULL NAM			3. (b) Social Secu		
0. (0) 1022 1112		Isaac Tubman Ster		rity Number	
4. Seg	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	4:30 B	
Male	White	Widowed	20. DATE OF DEATH 19.4	0	
6.(6) Name of husban	d or wifeL	illie Sterling	21. I CERTIFY that death occurred on the dale above stated: that I attended	deceased from	
, ga, , , a = 1, o , go o a = 0000 000000000000000000000000000	202 *** *** *** *** *** *** *** *** ***		February 18.75 , 10	1.0	
7. Birth date of deceased (mo., day,	1100000	ber 24, 1858		19.22	
8. AGE: Yea		Days   tf less than one day	Immediate cause of death	DURATION	
80	6	19min.	(acc)	6 700	
9. Birthplace	risfield-	Somerset-Maryland	Due to		
10. Usual occopation	• • • •	od Dealer		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	O	s & Crabs	Due to		
11. industry or busine	Fdwo md	Sterling			
12. Name		eld, Maryland	Other conditions	*******	
			. (Include pregnancy within 3 months of death)		
14. Maiden name		Milligan	Major findings of operations.	040000000000000000000000000000000000000	
2 15. Birthplace	Fairmou	nt, Maryland	Date of op.		
16. Informant	Mrs. J.	C. W. Tawes	Antopay results		
Address		ld. Maryland	PHYSICIAN: Please underline the cause to which death should be cha		
			22. VIOLENCE: tf death was due to external causes, fill in the following:		
17(Uurial, crematio	Burial on, or removal. Which?	Date thereof July 15, 1945 (month) (day) (year)	Accident, suicide, or homicide Bate of		
		a Cemetery	Where did injury occur?(City or town) (County)	(State)	
Location RUR	AL, Crisf	ield, Maryland	injured at home, farm, industry, public place (where?)		
18. Funerat director	H. Harv	ey Bradshaw	Means of Injury Injured at work?	0	
Address	Crisfie	ld, Maryland	S. In Porton	m. D	
10 7/15/45 10 6 & Collins M. D.			23. SIGNATURE M	D. or other	
(Date rec'd by r	registrar)	Registrar	Address Date st	gned	



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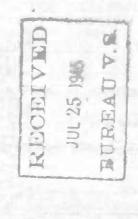
#### MARYLAND STATE DEPARTMENT OF HEALTH

# 2411 N. Charles St., Baltimore 994)

# CERTIFICATE OF DEATH

		()	72	7	5	
×	Rog.	Dist.	No.	2	6	5

1. PLACE OF DEA			2. USUAL RESIDENCE (HOME) OF DECEASED:		
	omerset		(For newborn infants give residence of mother)		
(17	risfield	***************************************	State Md County Somerset		
(If our	tside city or town lin	nits, write RURAL and give nearest town)	City or town Crisfield		
How long in above place o	f death?	A. T. T.	(If outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or s			Street No. RED		
	**********************		(If rural, give LOCATION)		
How long in hospital or t	Institution?		2.(a) If veleran, name war		
3. (a) FULL NAME			3. (b) Social Security Number		
	Rober	t James Sterling S	or. none		
4. Set	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
male	white	Widower	20 DATE DE DEATH 19.4.5. at 4.		
6.(6) Name of husband or			21. I CERTIFY that death occurred with date above stated; that I altered deceased from		
7. Birth date of deceased (mo., day, yr.	Anni		and that I last saw harmalive on June 17 18 4.		
B. AGE: Years	Mooths	Days   It less than one day	Instediate cause of death DURATION		
81	3	10hrs.	min To I A A Thore May and I was		
	Crisfie				
9. Birthplace		3 L C , MC .	Mise a PA		
			and a many sections		
10. Usual occupation		7 January 7 7	Due 1		
11. Industry or business	self		- Central .		
12. Hame		Sterling	Other conditions		
	Margare	et Nelson	(Include pregnancy within 3 months of death)		
14. Maideu name			Major findings of operations.		
f5. Birthplace	Me	1 •	Date of op.		
16. Informant	Miss Al	lda Sterling	Autopsy results		
	RFD Cri		PHYSICIAN: Please underline the cause tu which death should be charged statistically.		
Address		12/00/4E	22. VIOLENCE: if death was due to external causes, fill in the tollowing;		
f7(Burial, cremation,		Date thereot 7/20/45	Accident, suicide, or homicide		
(Burial, cremation,	or removal, Which?)	(month) (day) (year)			
Cemetery or crematory	1y		Where did injury occur? (City or town) (County) (State)		
Location	Crisfie]	d, Md.	Injured at home, farm, lodustry, public place (where?)		
	Howard	H. Hubbard	Meant of injury injured at work?		
18. Funeral director	Z00		) My Maria M		
Address	306 Mair	St. Crisfield	- / / Joursour M/		
7/19/11	-5-	f & for 01 0 ) m	23. IGNATULE M. D. or other		
19. (Date rec'd by regi	istrar)	6,6, Gallies, M.	trai Hours + 4 - 17 45 to Maidians letter		



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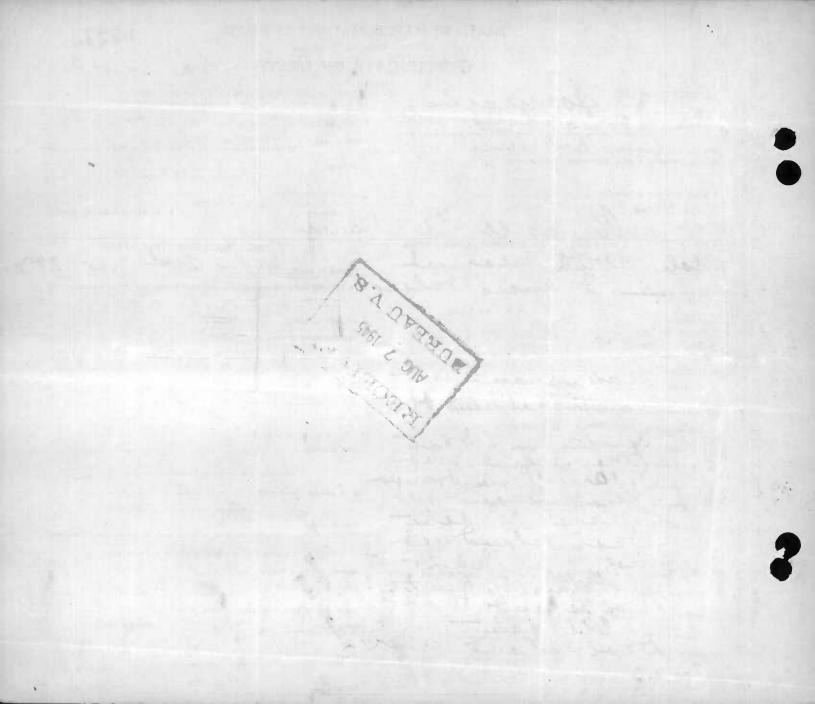
#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (193)

#### CERTIFICATE OF DEATH

U7273 Reg. Diat. No. 268

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State mary land county Somewet
City or town(If ontside city ar town limits, write RURAL and give nearest town)	
How long in above place of death? Alle	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where leath occurred:	Street No
	(If rnral, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Russell WES	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male While Married	20, DATE OF DEATH Scale 21 St 19 45 - at 1 20 pm
6.(b) Hame of bushand or wife truces Websler	21. I CERTIFY that death occurred on the date above stated: that Lationded deceased from
	19
7. Birth date of deceased (mo., day, yr.) Seht 23 - 1.895	and thet i last saw it
8. AGE: Years   Modiths   Days   If less than one day	Immediate cause of death
3-Phrsmin.	Electrocuted (academos)
9. Birthplace Dela Island Med	Due to.
Town, county, and state	
1D. Usual occupation	Due to
11. Industry or business	
12. Name Of Jane With Start 13. Birthplace Deal Island Wood	Dther conditions
\$ 13. Birthplace Deal Salaus Mid	,
# 14. Maiden name Mary letesland forces	(Include pregnancy within 3 months of death)
5 Am W & Last 2 110 de	Major findings of operations.
15. Birthplace	Date of op.
16. Informant Westley Westler	Antopsy results.
Address DEal Island ned	PHYSICIAN: Please underline the cause to which death should be charged statistically.
B 24-45	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or reployal Whigh?)  Date thereof (mant) (day) (year)	Accident, suicide, or homicide
Cometery or crestatory Stratues MG. Ceresters	Where did injury occur? (City or town) (Coynty) (State)
Draft le land ned of	ligitized at home, farm, industry, public, place (where?)
Location	Means of injury & Claracton Injured at work?
1B. Funeral director	A A A A A A A A A A A A A A A A A A A
Address Deal Island Mark	Mille M. Dulolord; MIX
7-2 th us Posa Welst.	23. SIGNATURE M. D. or other
19	Address Vrenceroller Mf Date signed 7/22/ X.d.



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PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

# VS A15 PLEASE WRITE

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-d

#### CERTIFICATE OF DEATH

1.7274 Rev. Diat. No. 360

	Neg. Dist. No
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
county Somersit	(For newborn infanta give residence of mother)
(If outside city or town limits, write RURAL and give nearest town)	State County County
How long in above place of death?	City or town (If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Streel No
W. J. L.	(If rurai, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FOLL HAME	3. (b) Social Security Number
4. Sex   5. Color or race   6.(a) Single, married, wildowed, or divorced	
V. SCA SCOOL OF TACK	MEDICAL CERTIFICATION
11 B   TRECOGE	20. DATE DF DEATH 19. C.V., 2t M
8.(b) Name of husband or wife Canaca Williams	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
8.(c) If alive plue age wears	
7. Birth date of deceased (mo., day, yr.)	and that I last saw h
8. AGE: Years   Months   Days   If less than one day	Immediate cause of death.
6 a	Table Alexania
9. Birtholace South Caroline.	Due to.
(Town, county, and state)	
1D. Usual occupation. James	Due to
11. Industry or business	
12. Name	Dther conditions
₹ 13. Birthplace	(Include pregnancy within 3 months of death)
14. Malden name	
14. Malden name	Major findings of operations
16. Informant Julia Williams	Antopsy results.
Address Int. Vernon, ma	PHYSICIAN: Please underline the cause to which death should be charged statistically.
P O . D C Ique	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removai. Which?)	Accident, suicide, or homicide
Cemetery or crematory St Vaul Cemetery	Where did injury occur?
Location mt Jerna md a	Injured at home, farm, industry, public place (where?)
12-11 10	Means of Injury Injured at work?
18. Funeral digeton	10 2011-1
Addies Truces grans	M. D. or other
19. Date per d by registrar)	265 115
Monte to a no registrary	Addres Date signed V

